

**ZONING AND PLATTING COMMISSION SITE PLAN
CONDITIONAL USE PERMIT REVIEW SHEET**

CASE NUMBER: SPC-2021-0288A **ZAP DATE:** April 5, 2022

PROJECT NAME: Gemini-Helipad Striping

ADDRESS OF APPLICATION: 9010 North Lake Creek Parkway

APPLICANT: Ascension Seton
1300 West 34th Street
Austin, TX 78705

AGENT: GarzaEMC, LLC. , Joe M. Farias (512) 298-3284
9442 N Cap. Of Texas Hwy
Plaza 1, Ste 315
Austin, TX 78759

CASE MANAGER: Rosemary Avila (512) 974-2784
Rosemary.avila@austintexas.gov

AREA: 27.74 acres

COUNCIL DISTRICT: 6

WATERSHED: Buttercup Creek (Suburban)

WATERSHED ORDINANCE: Comprehensive Watershed Ordinance

C.I.P. STATUS: N/A

T.I.A.: N/A

CAPITOL VIEW: N/A

PROPOSED DEVELOPMENT:

The applicant is requesting a Conditional Use Permit for a helipad for a site that has an approved site plan for Hospital Services and Medical Offices.

STAFF RECOMMENDATION:

Staff recommends approval of the Conditional Use Permit for the proposed helipad. This site plan will comply with all Land Development Code requirements and has received approval from the Aviation Department.

PROJECT INFORMATION: 26.74 acres

ALLOWED F.A.R.: 3:1

MAX. BLDG. COVERAGE: 85%

MAX. IMPERVIOUS CVRG.: 85%

REQUIRED PARKING: 400

PROPOSED ACCESS: North Lakecreek Parkway and US 183

EXIST. ZONING: CH

PROPOSED F.A.R.: 0.20:1

PROPOSED BLDG. CVRG: 7.89%

PROPOSED IMPERVIOUS CVRG: 44.04%

PROVIDED PARKING: 607

SUMMARY COMMENTS ON SITE PLAN:

Land Use: The proposed heli-pad is a conditional use, LDC . All comments will be cleared prior to a land use permit is issued. This permit approval is pending the approval 25-2-861.This site is not subject to compatibility standards.

Environmental: The site is located in the Butter Creek watershed, which is classified as Suburban. The site is in the Desired Development Zone. All environmental comments have been cleared.

Transportation: All comments are cleared.

SURROUNDING CONDITIONS:**Zoning (Land Use)**

North: Avery Ranch Blvd, then MF-4 (multifamily)
East: North Lake Creek Parkway, then MF-4 (multifamily)
South: Hema Drive, then MF-4 (multifamily) and CS-MU (commercial)
West: US Hwy 183

ABUTTING STREETS

Street	Right-of-Way Width	Pavement Width	Classification
IH 183	---	---	Highway
Avery Ranch Blvd	150 ft	25 ft + 25 ft (median)	Collector- ASMP level 3
North Lake Creek Parkway	64 ft	Unconstructed	Collector- ASMP level 2
Hema Drive	60 ft	Unconstructed	Local – ASMP level 1

NEIGHBORHOOD ORGNIZATIONS:

Davis Spring HOA
 Friends of Austin Neighborhoods
 Neighborhood Empowerment Foundation

SEL Texas
 Sierra Club, Austin Regional Group

CONDITIONAL USE PERMIT

D. 25-5-145. A site plan may not adversely affect the public health, safety, or welfare, or materially injure property. If the Land Use Commission determines that a site plan has an adverse effect or causes a material injury under this subsection, the Land Use Commission shall identify the adverse effect or material injury.

§ 25-5-146 CONDITIONS OF APPROVAL.

(A) To make a determination required for approval under Section 25-5-145 (Evaluation Of Conditional Use Site Plan), the Land Use Commission may require that a conditional use site plan comply with a condition of approval that includes a requirement for:

- (1) a special yard, open space, buffer, fence, wall, or screen;
- (2) landscaping or erosion;
- (3) a street improvement or dedication, vehicular ingress & egress, or traffic circulation;
- (4) signs;
- (5) characteristics of operation, including hours;
- (6) a development schedule; or
- (7) other measures that the Land Use Commission determines are required for compatibility with surrounding uses or the preservation of public health, safety, or welfare.

CONDITIONAL USE PERMIT REVIEW AND EVALUTATION CRITERA

A. The following evaluation is included to provide staff position on each point of the conditional use permit criteria. Section 25-5-145 of the Land Development Code states: “The Land Use Commission shall determine whether the proposed development or use of a conditional use site plan complies with the requirements of this section. A conditional use site plan must:

B.

1. Comply with the requirements of this title;

Staff Response: This site plan will comply with all regulations and requirements of the Land Development

Code prior to site plan release and approval.

2. Comply with the objectives and purposes of the zoning district;

Staff Response: This site plan complies with all development regulations of the CH zoning district, including height, impervious cover, and building cover.

3. Have building height, bulk, scale, setback, open space, landscaping, drainage, access, traffic circulation, and use that is compatible with the use of an abutting site;

Staff Response: Yes. The site plan will comply with all requirements of the Land Development Code. In addition, the site plan will comply with setback and height requirements.

4. Provide adequate and convenient off-street parking and loading facilities; and

Staff Response: The site plan will comply with off-street parking and loading facility requirements.

5. Reasonably protect persons and property from erosion, flood, fire, noise, glare, and similar adverse effects.

Staff Response: The site plan will comply with all requirements of the Land Development Code and reasonably protects the health, safety, and welfare of persons and property.

6. For conditional use located within the East Austin Overlay district, comply with the goals and objectives of a neighborhood plan adopted by the City Council for the area in which the use is proposed. Staff response: The proposed project is not in the East Austin Overlay.

C. In addition, a conditional use site plan may not:

7. More adversely affect an adjoining site than would a permitted use;

Staff Response: No

8. Adversely affect the safety or convenience of vehicular or pedestrian circulation, including reasonably anticipated traffic and uses in the area; or

Staff Response: The site plan does not adversely affect the safety and convenience of vehicular and pedestrian circulation.

9. Adversely affect an adjacent property or traffic control through the location, lighting, or type of a sign.

Staff Response: All signs and lighting will comply with the Land Development Code.

June 26, 2020

Ms. Denise Lucas, Director
City of Austin - Development Services Department
505 Barton Springs Road
Austin, Texas 78704

RE: Engineer's Summary Letter
14231 N 183A Hwy
Austin, Williamson County, Texas

Dear Ms. Lucas,

On behalf of our Client, GarzaEMC is submitting this Land Use Commission Site Plan Application for the proposed development at 14231 N 183A Hwy. The existing 19.12 acre site is currently undeveloped. This project proposes the construction of a new hospital including a heli-pad and medical office building, associated utilities, and a surface parking lot.

This project is located at the southeast corner of the intersection of Avery Ranch Blvd and Hwy 183A in the Full Purpose Limits of the City of Austin, Williamson County, Texas. This project is located within the Buttercup Creek Watershed which is classified by the City of Austin as an Suburban Watershed. This site is located within the Edwards Aquifer Recharge Zone per the City of Austin and TCEQ. No part of the site is located in a floodplain according to FEMA Map No. 48491C0610F, dated December 20, 2019. The master development will include a wet pond that will address storm water detention and water quality for the site.

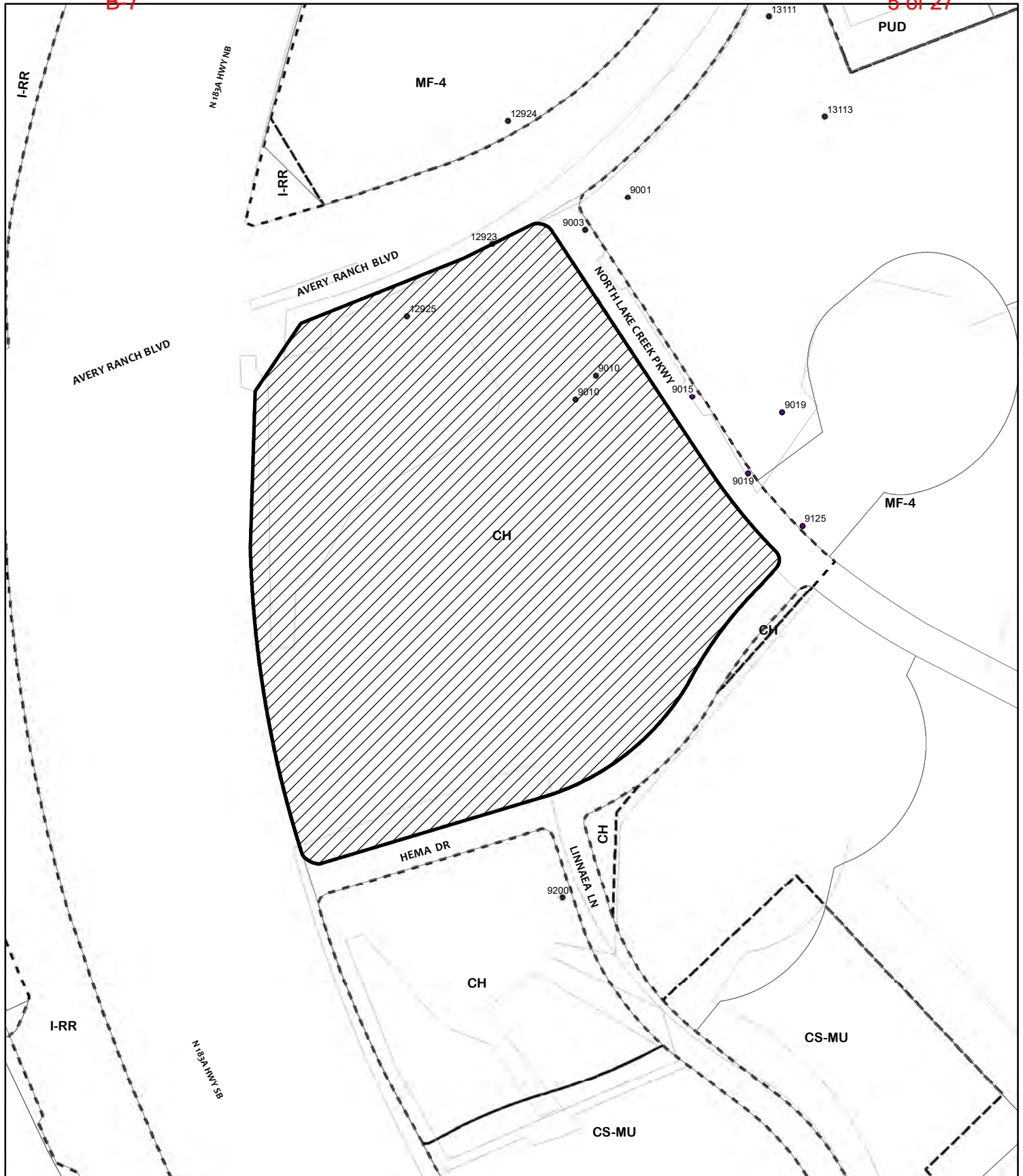
The tract is currently zoned CS-MU per zoning ordinance 20190523-049. The land use plan is being submitted for the approval of the proposed conditional uses for the hospital and heli-pad.

Please contact our office should you require any additional items or if you have any questions in your review of the application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Farias', with a stylized flourish at the end.

Joe Farias, P.E.
Senior Project Manager



0 120 240 480 Feet

CASE#: SPC-2021-0288A
 ADDRESS: 9010 North Lake Creek Parkway
 CASE NAME: Gemini-Helipad Striping
 MANAGER: Rosemary Avila



This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.

This product has been produced by the Planning and Development Review Department for the sole purpose of geographic reference. No warranty is made by the City of Austin regarding specific accuracy or completeness.

OPERATOR: R. Avila



City of Austin – Department of Aviation Category III Helistop Application



Instructions:

- 1) The Applicant is responsible for reading and understanding Section 13-1 of the Austin City Ordinance.
- 2) The Applicant is responsible for following all applicable Federal, State, and Local Laws, Regulations, ...
- 3) Applicant must fill in all sections of the attached Category III Helistop Application.
- 4) An application is not considered complete and ready to review until;
 - a. All sections of the Category III Helistop Application (in white) have been submitted,
 - b. All required elements of 13-1-182 have been submitted,
 - c. A check or money order (payable to the City of Austin – Department of Aviation) in the amount of \$500.00 has been received by the Department of Aviation.
- 5) A permit for Category III Helistop shall not be considered valid unless signed by the Executive Director, Department of Aviation



City of Austin – Department of Aviation

Category III Helistop Application



Applicant General Information

Company Name:	HKS Inc	Representative:	Michael Wells
Street Address:	350 N. St. Paul, Suite #100	Phone #:	972.852.6893
City / State:	Dallas, Texas	Zip Code:	75201
Description & Site Justification:	New 4-story hospital building with 186, 885 SF 36 beds; 4 O.R.; Emergency Dept; Diagnostic Imaging; Phys Therapy/ Occ Therapy/ Speech; Sleep Lab. This is the North Campus that will feed patients to the main Dell Children's campus.		

Landing Zone (LZ) Information

Property Owner:	Dell Children's Medical Center	Representative:	Deborah Brown
Street Address:	4900 Mueller Blvd	Phone #:	512-324-0186
City / State:	Austin, Texas	Zip Code:	78717
<input type="checkbox"/> Owner's Identification Marking		LZ Size:	50 ft. x 50 ft.
LZ Lat/Long:	30°29'7.64" N 97°48'3.40" W	LZ Surface:	<input checked="" type="checkbox"/> Paved <input type="checkbox"/> Unpaved
Site Description: S12258 - AVERY LAKELINE, BLOCK A, Lot 1, ACRES 26.74, (COMMERCIAL)			
Distance from Public Access:	25 ft.	Control method for Public Safety:	
Existing Zoning:	CH	Proposed Land Use: Hospital Services (General) & Medical Office	
Distance from Residential:	1160 ft.		

Obstructions: List the objects closest to the Landing Zone (power lines, trees, poles, etc) and ANY obstruction penetrating the imaginary surfaces as identified in 14 Code of Federal Regulation Part 77.

Type Object	Height	Distance	Direction
Hospital Overhang	16.5 ft.	39 ft.	NW
Utility box	ft.	ft.	SE
Utility box	ft.	ft.	SE
	ft.	ft.	

Landing Zone Operation

Days (circle all that apply): <u>M T W Th F S S</u>	Operating Times: 12:00AM-12:00AM	Avg. Daily Landings: 0.1	Max Daily Landings: 1.0
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Aircraft Information

Make:	Sikorsky	Model:	S-76	Registration:	N	11,700lbs
Make:	Leonardo	Model:	AW179	Registration:	N	11,700lbs

Site Plan Submittal

- | | | |
|---|--|--|
| <input type="checkbox"/> Location, type, height of security fences, berms, and other noise mitigation and security features | <input type="checkbox"/> The method of surface penetration or stabilization for the touchdown pad(s), including material | <input checked="" type="checkbox"/> The locations and types of wind direction indication equipment |
| <input checked="" type="checkbox"/> The location and type of firefighting equipment at the site | <input checked="" type="checkbox"/> The locations and types of perimeter flood lighting, if required | <input checked="" type="checkbox"/> Available motor vehicle parking |
| <input type="checkbox"/> The location and type of fuel storage facilities at the site | <input checked="" type="checkbox"/> The locations and types of site markings | <input checked="" type="checkbox"/> Aeronautical lighting of helipad |

FAA Forms (Completed copies including attachments)

- ☒ 7480-1 (Notice of Landing Area Proposal) as prescribed by 14 Code of Federal Regulation Part 157 (Notice of Construction, Alteration, Activation, and Deactivation of Airports)
- ☒ 7460-1 (Notice of Proposed Construction or Alteration) as prescribed by 14 Code of Federal Regulation Part 77 (Safe, Efficient Use, and Preservation of Navigable Airspace)



City of Austin – Department of Aviation

Category III Helistop Application

Aerial Imaging (Scale min. 1"=400')

☒ Heliport Boundaries

☒ Min. two approach and departure paths; one identified as principal

☒ Noise sensitive areas (within 4,000 ft.)

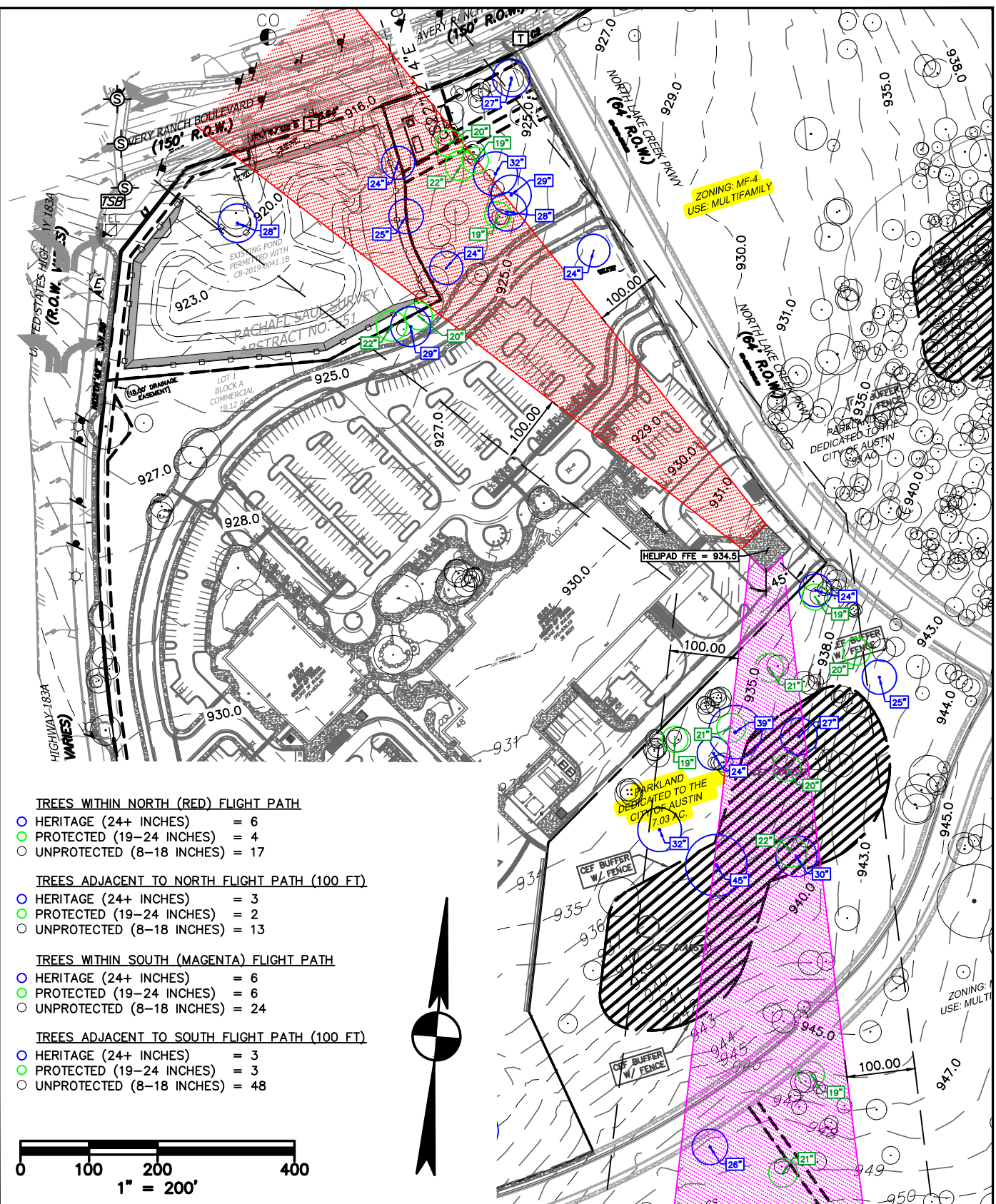
☒ Takeoff and Landing Pads

☒ Noise Contours

☒ Environmentally sensitive areas (within 4,000 ft.)

For Use by Department of Aviation – Airside Operations Officials:

<input checked="" type="checkbox"/> Proof of Insurance required by Section 13-1-185			<input type="checkbox"/> Certification by a registered professional engineer (rooftop)		
<input checked="" type="checkbox"/> Site Plan			<input checked="" type="checkbox"/> Hospital (exempt from noise assessment)		
<input checked="" type="checkbox"/> Description of Approach / Departure paths			<input checked="" type="checkbox"/> Application Fee		
Exempt <input type="checkbox"/> Avoids noise sensitive areas					
Exempt <input type="checkbox"/> Avoids environmentally sensitive areas					
Notification	Date	Representative	Notification	Date	Representative
APD			PDR		
AFD	2/11/22		Code&Comp		
ATCEMS			Noise Office	2/11/22	Stephen Dick
Starflight			Aviation PIO	3/14/22	Sam Hayes
Trans			Property Owner		Applicant
PARD			Air Traffic		
Air Ops	2/11/22	Loren Litner	Planning	2/11/22	Jennifer Williams
Site Visit		__ : __	Notes:		
Public Hearing			Public Hearing Reference No.		
<input checked="" type="checkbox"/> APPROVED	Signed		Date: __/__/__		Permit Expiration Date : __/__/__ (Not more than five years of issuance)
<input type="checkbox"/> DENIED	by: <i>[Signature]</i>		Time: __: __		



7708 Rialto Blvd., Suite 125
Austin, Texas 78735
Tel. (512) 298-3284 Fax (512) 298-2592
TBPE # F-14629
GarzaEMC, LLC © Copyright 2021

DCMC NORTH
9010 NORTH LAKE CREEK PARKWAY

ANCENSION SETON

HELICOPTER PATH
TREE EXHIBIT

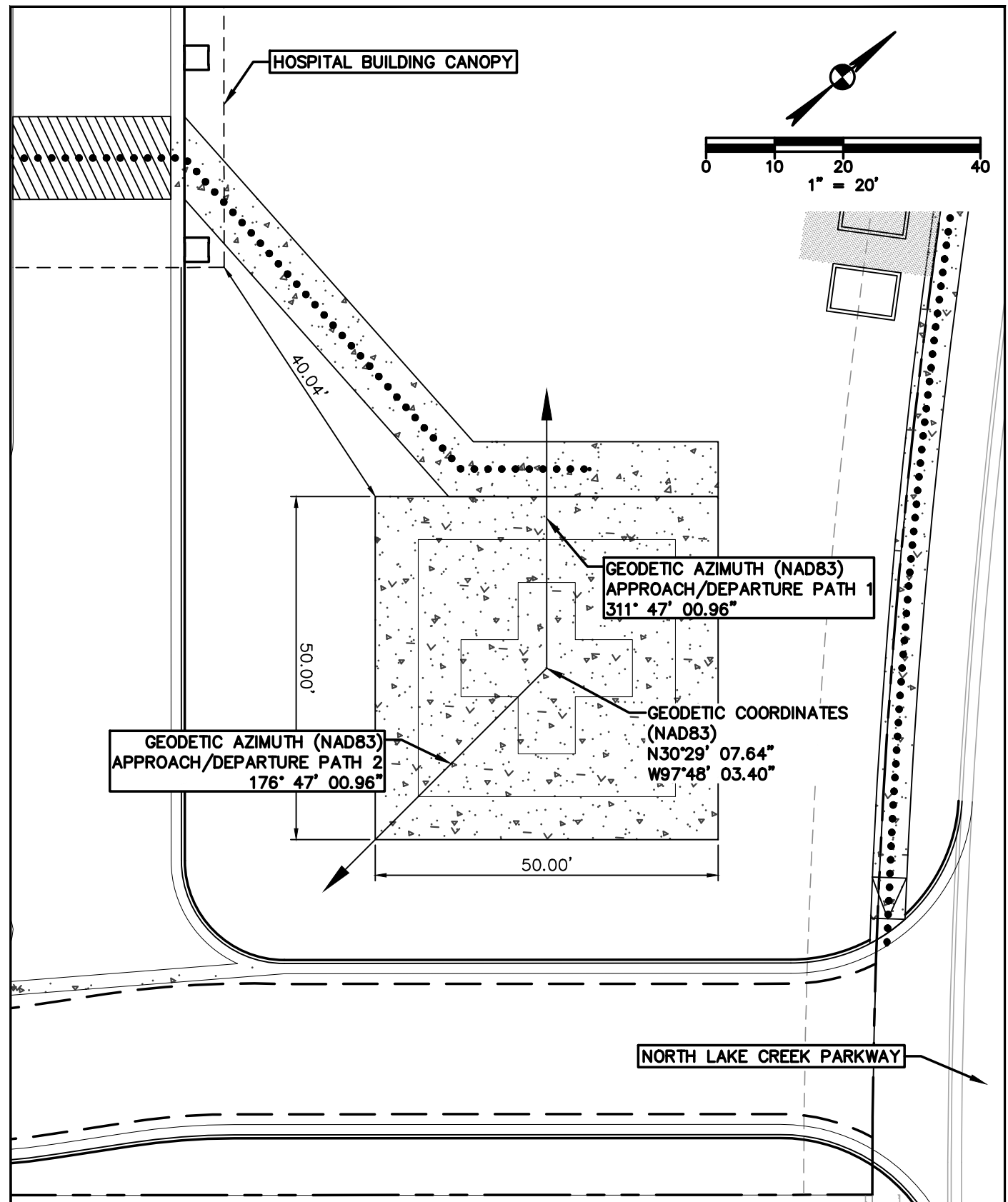
DATE: 02/08/2021

SCALE: 1" = 200'

DRAWN BY:

FILE:

PROJECT No. 101649-00013



7708 Rialto Blvd., Suite 125
Austin, Texas 78735
Tel. (512) 298-3284 Fax (512) 298-2592
TBPE # F-14629
GarzaEMC, LLC © Copyright 2021

DCMC NORTH
9010 NORTH LAKE CREEK PARKWAY

ASCENSION SETON

HELIPAD EXHIBIT

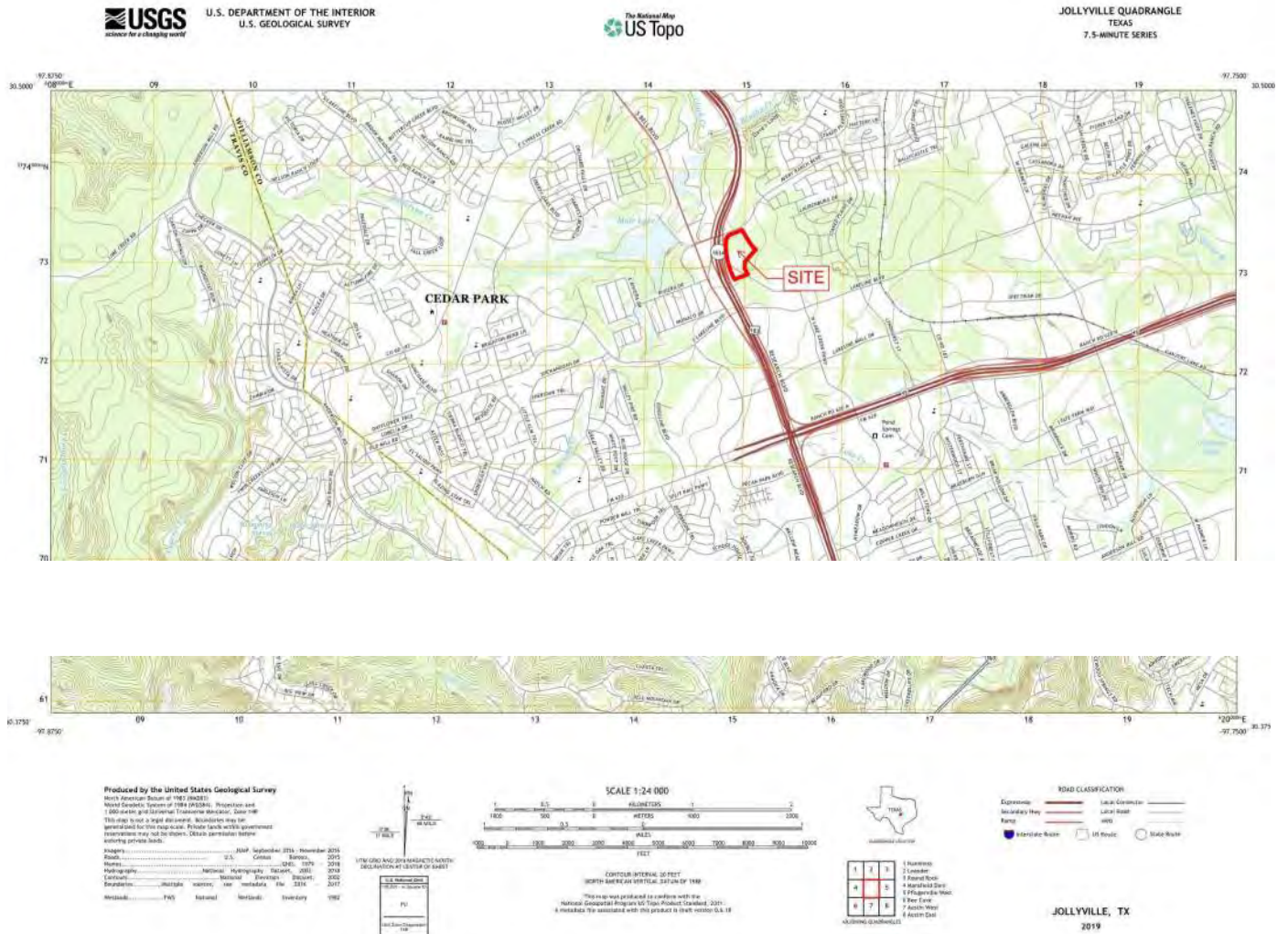
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SCALE: 1"=20'

DRAWN BY:

FILE:

PROJECT No. 101649-00013



HKS



HKS JOB NUMBER 23454.000

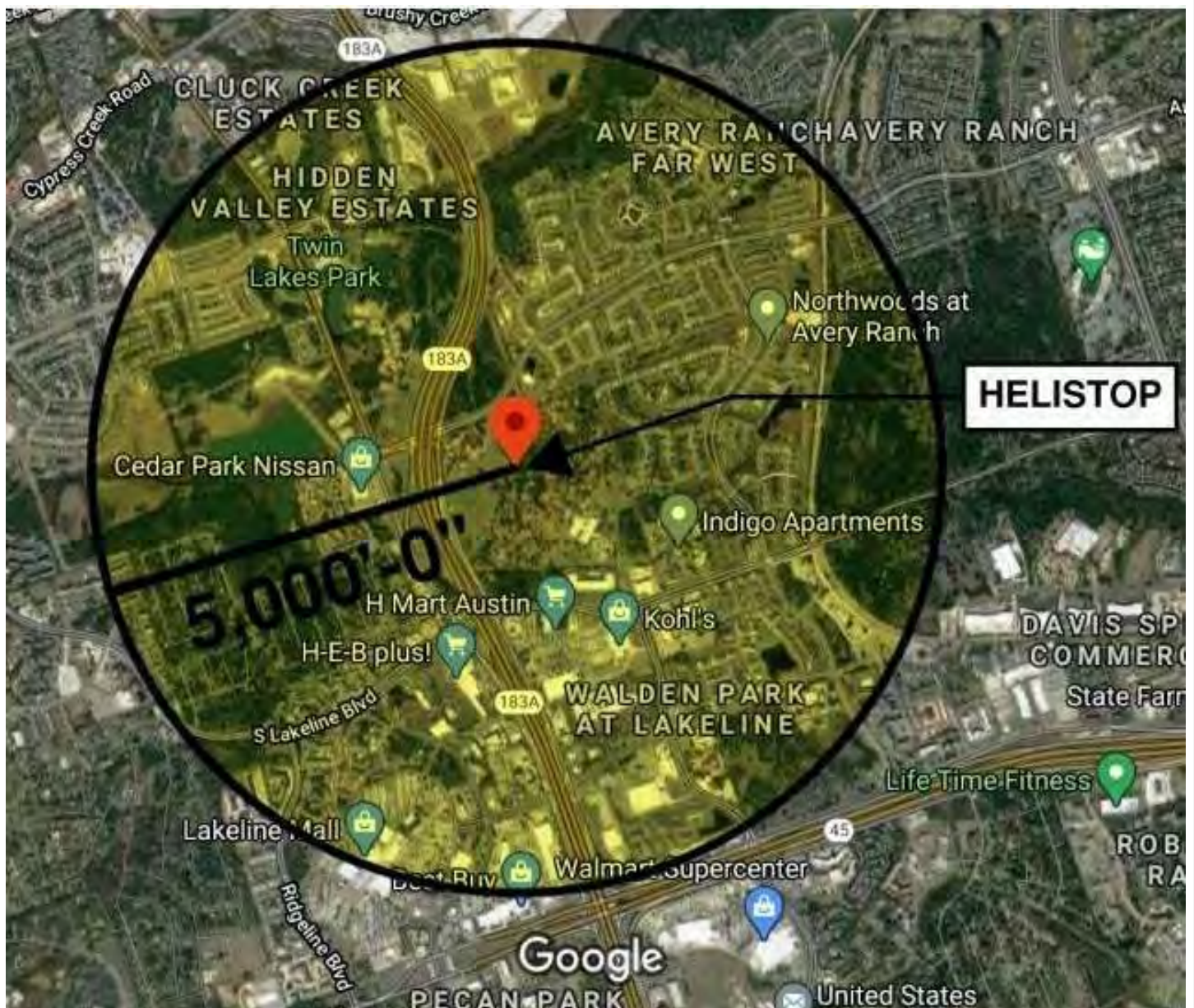
DATE: 02/05/21

SHEET NO: SKA-FAA-02

SHEET TITLE:

SECTION D

SCALE:



TRUE
NORTH



PROJECT
NORTH



HKS



HKS JOB NUMBER 23454.000

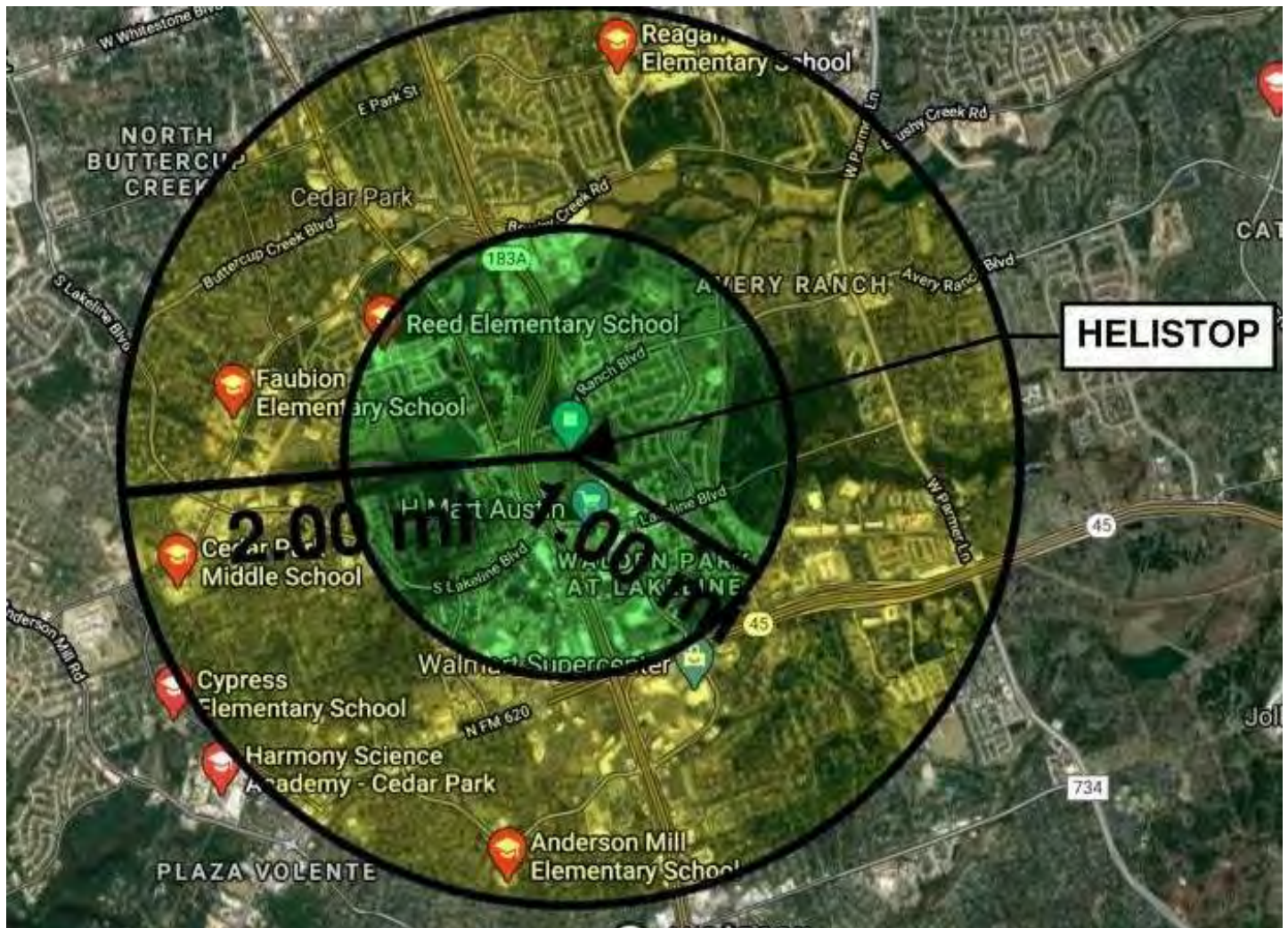
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SHEET NO: SKA-FAA-03

SHEET TITLE:

SECTION E

SCALE:



TRUE
NORTH



PROJECT
NORTH



HKS



HKS JOB NUMBER 23454.000

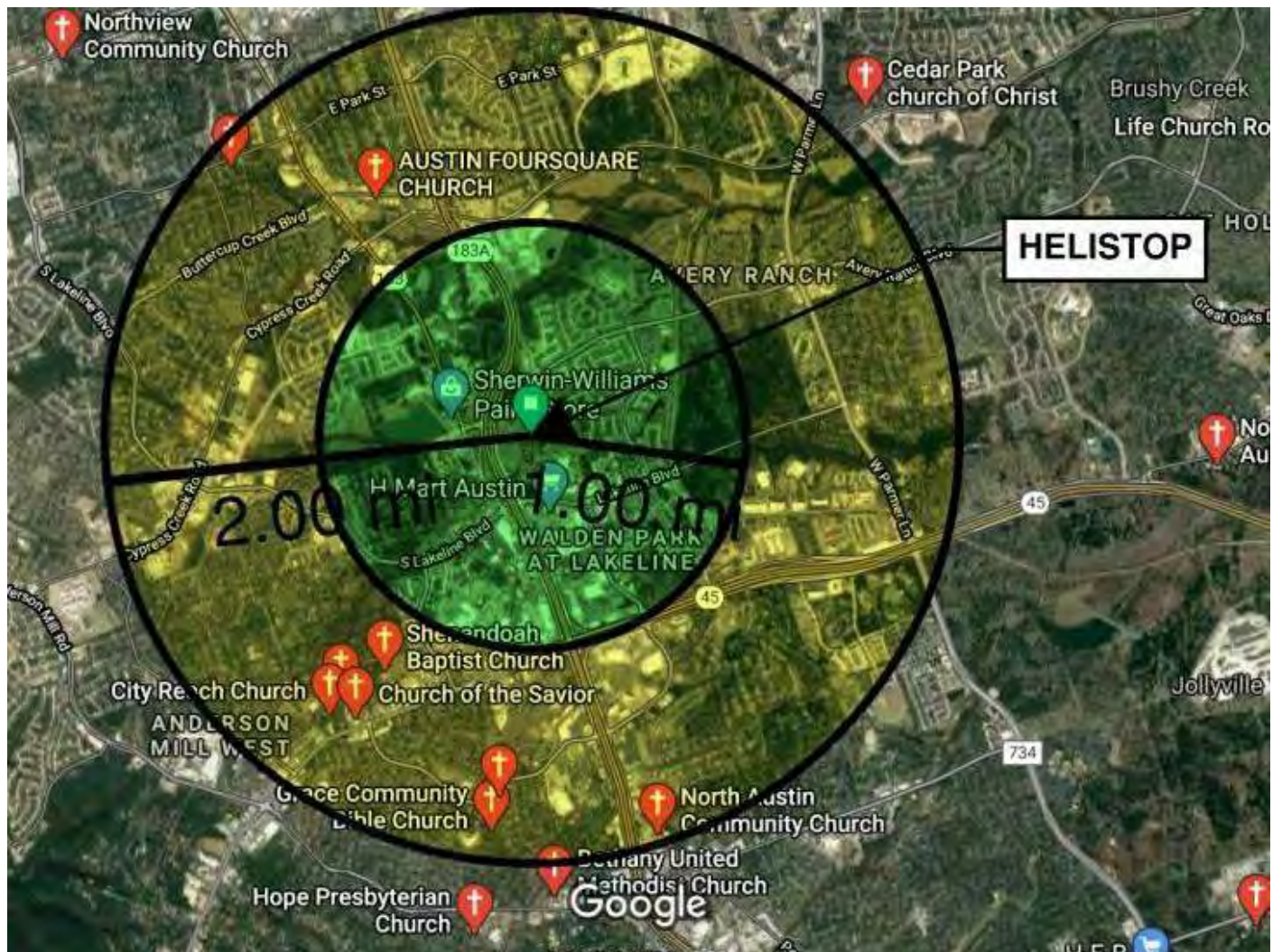
DATE: 02/05/21

SHEET NO: SKA-FAA-04a

SHEET TITLE:

SECTION G

SCALE:



TRUE
NORTH



PROJECT
NORTH



HKS



HKS JOB NUMBER 23454.000

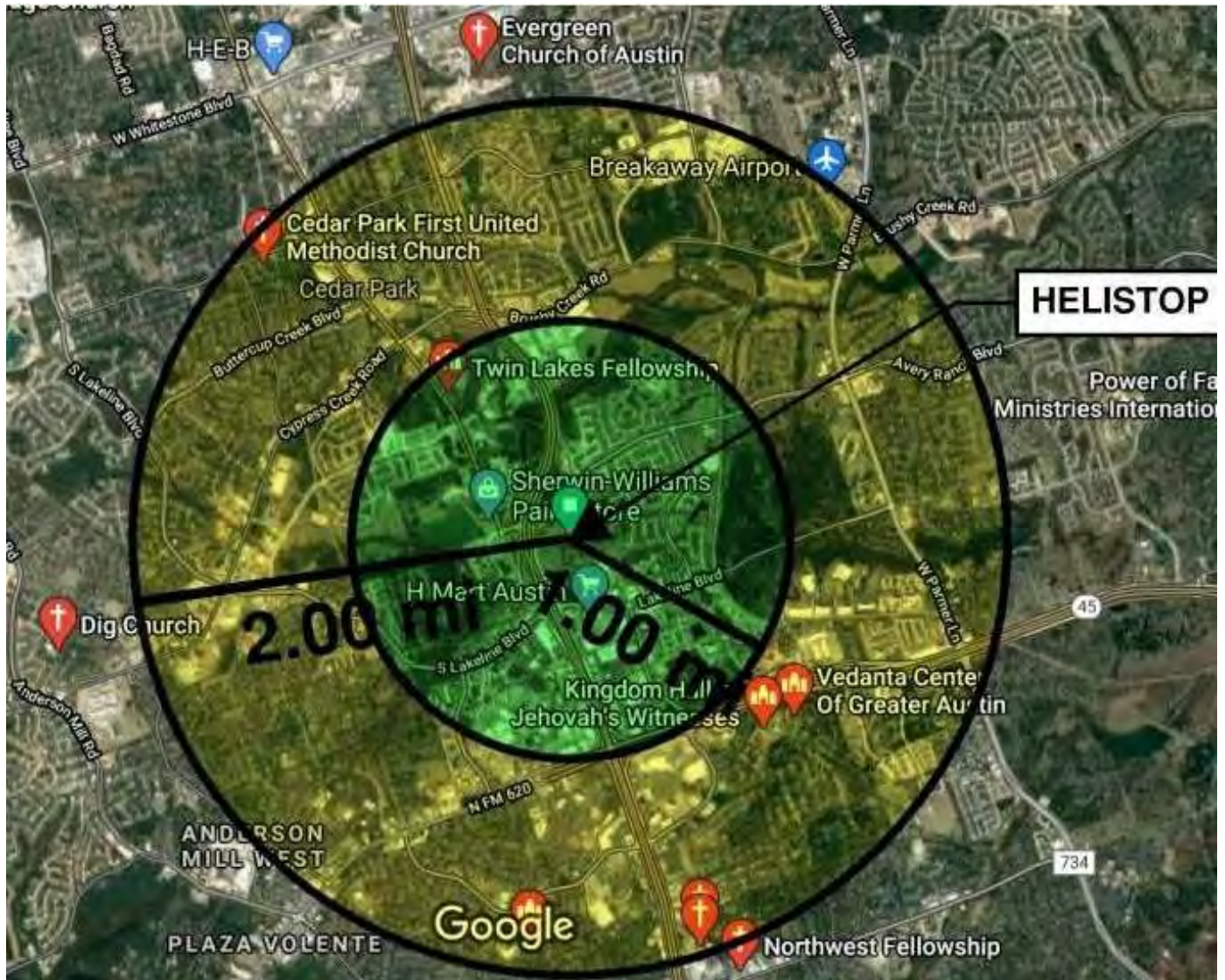
DATE: 02/05/21

SHEET NO: SKA-FAA-04b

SHEET TITLE:

SECTION G

SCALE:



TRUE
NORTH



PROJECT
NORTH



HKS



HKS JOB NUMBER 23454.000

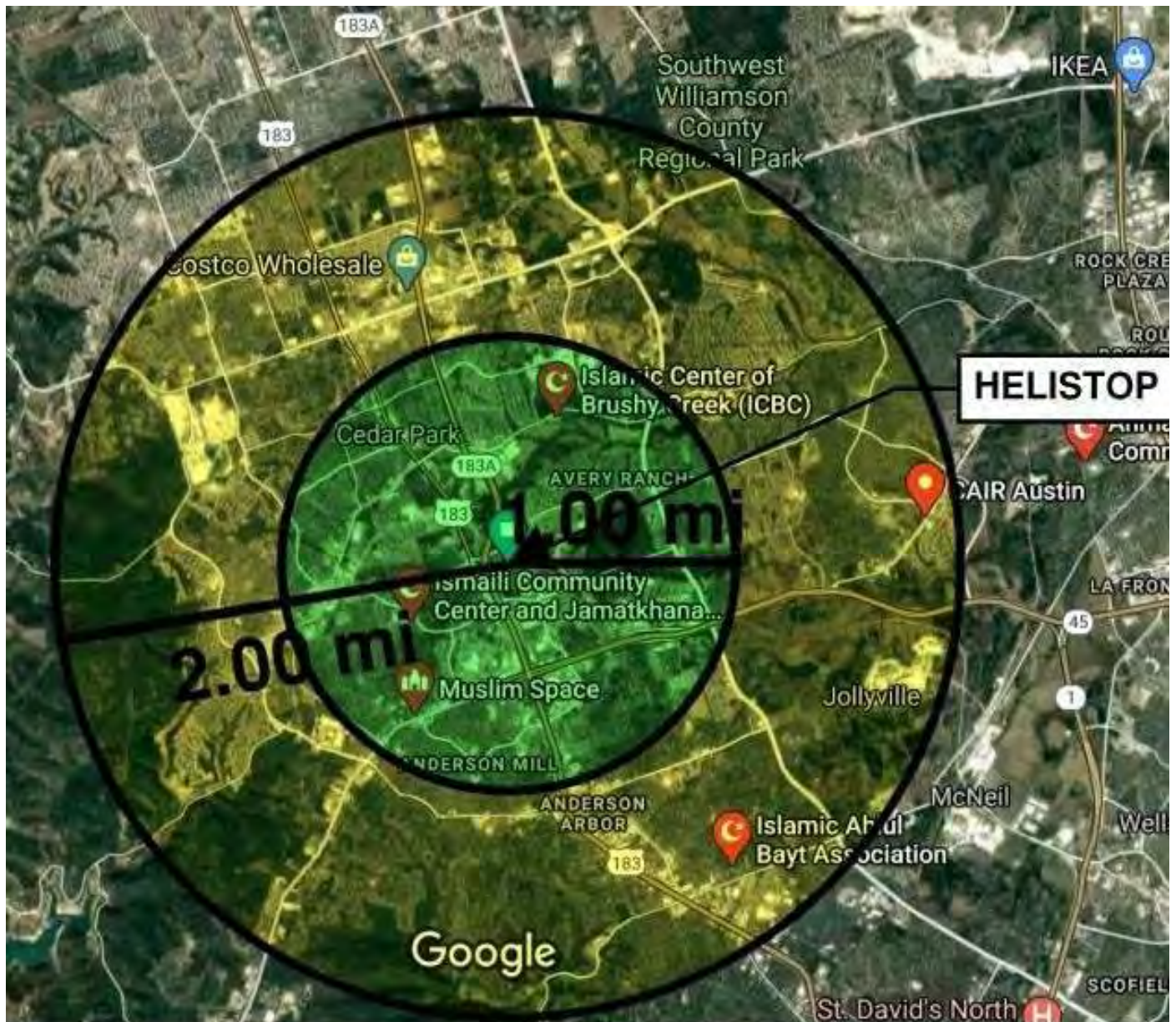
DATE: 02/05/21

SHEET NO: SKA-FAA-04c

SHEET TITLE:

SECTION G

SCALE:



TRUE
NORTH



PROJECT
NORTH



HKS



HKS JOB NUMBER 23454.000

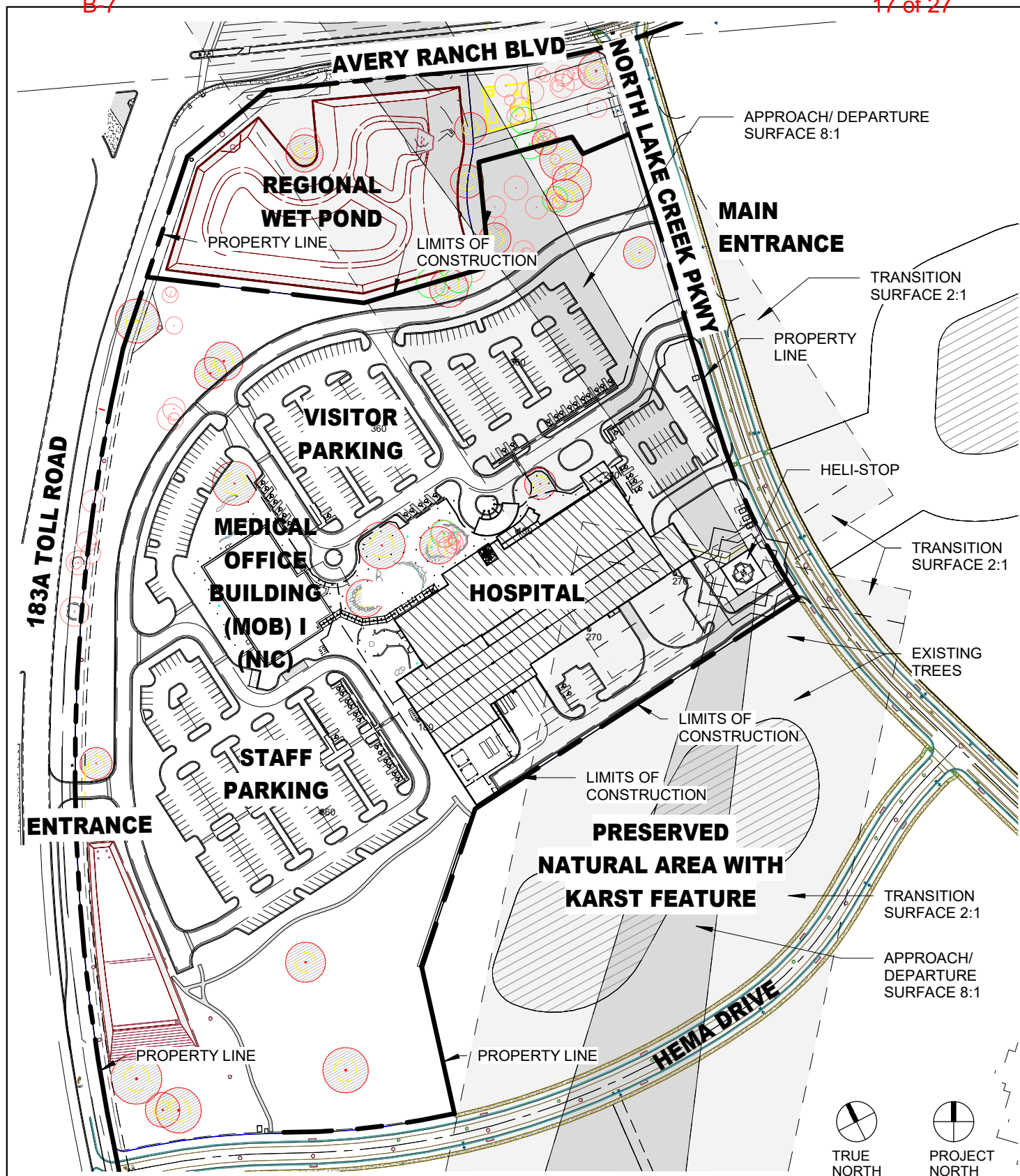
DATE: 02/05/21

SHEET NO: SKA-FAA-04d

SHEET TITLE:

SECTION G

SCALE:



HKS



MEDICAL CENTER NORTH - HOSPITAL

HKS JOB NUMBER	23454.000
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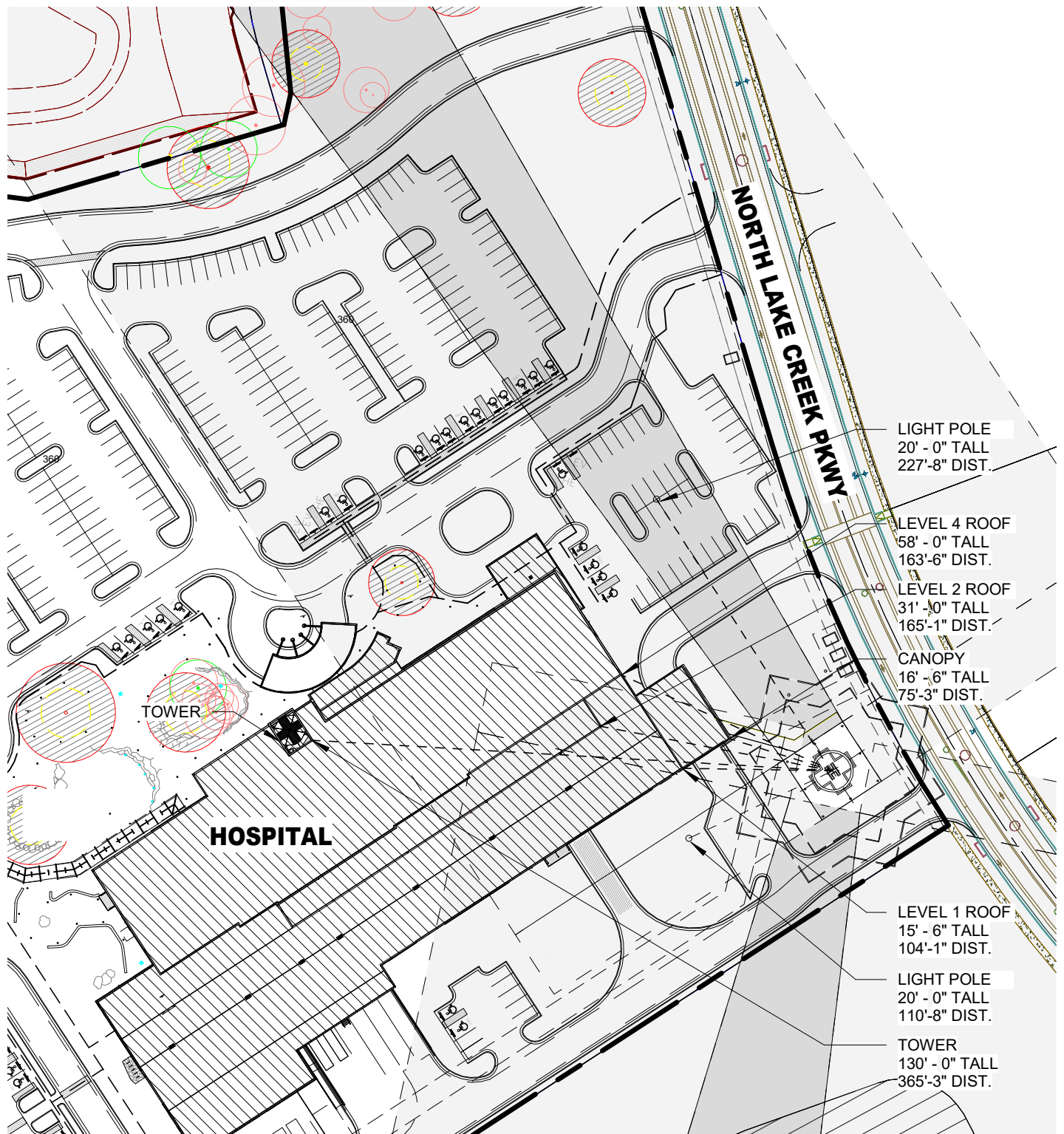
DATE: 02/05/21

SHEET NO:	SKA-FAA-05
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SHEET TITLE:

OVERALL SITE PLAN

SCALE: 1" = 200'-0"



TRUE
NORTH



PROJECT
NORTH



HKS



HKS JOB NUMBER 23454.000

DATE: 02/05/21

SHEET NO: SKA-FAA-06

SHEET TITLE:

HELIPORT AREA PLAN

SCALE: 1" = 100'-0"



May 21, 2021

TO:

DEBORAH BROWN

Attn: DELL CHILDREN'S MED

CTR CENTRAL TX

4900 MUELLER BLVD

AUSTIN, TX 78705

dmbrown1@ascension.org

**NOTICE OF HELIPORT AIRSPACE ANALYSIS DETERMINATION
ESTABLISH PRIVATE USE HELIPORT
CONDITIONAL NO OBJECTION**

The Federal Aviation Administration(FAA) has conducted an aeronautical study under the provisions of Title 14 of the Code of Federal Regulations, Part 157, concerning:

RE: *(See attached Table 1 for referenced case(s))*

Table 1 - Letter Referenced Case(s)

ASN	Prior ASN	Heliport Name	Description	Location	Latitude (NAD83)	Longitude (NAD83)	Heliport Elevation (feet)
2021-ASW-2782-NRA		DELL CHILDREN'S NORTH HOSPITAL	LAP ASN # 2021-CSA-46-LAP Construct new heliport	AUSTIN, TX	30-29-07.64N	97-48-03.40W	934

We have completed an airspace analysis to establish the subject private use heliport. As studied, the location is approximately 14 nautical miles N of AUSTIN, TX.

Our aeronautical study has determined that the private use heliport will not adversely affect the safe and efficient use of airspace by aircraft provided the following conditions are met and maintained. Reference FAA Advisory Circular (AC) 150/5390-2, Heliport Design (Current version).

Air Traffic Obstruction Evaluation Group: No Objection with Provision - Recommend all ingress/egress routes have at the very minimum a clear 8:1 visual approach slope and any Flight Standards provisions must be satisfactorily addressed prior to issuing a determination.

Flight Standards: No Objection with Provision - Recommend all ingress/egress have 8:1 clearance, recommend buildings to the east and west have obstacle lighting for night operations, recommend wires on street to the north be marked. This is based upon a virtual evaluation, physical evaluation needs to take place prior to operation.

This determination does not mean FAA approval or disapproval of the physical development involved in the proposal. It is a determination with respect to the safe and efficient use of the navigable airspace by aircraft and with respect to the safety of persons and property on the ground. In making the determination, the FAA

B-7 20 of 27
has considered matters such as the effect the proposal would have on existing or planned traffic patterns of neighboring airports, the effects it would have on the existing airspace structure and projected programs of the FAA, the effects it would have on the safety of persons and property on the ground, and the effects that existing or proposed manmade objects (on file with the FAA) and known natural objects within the affected area would have on the heliport proposal.

The FAA cannot prevent the construction of structures near a heliport. The heliport environment can only be protected through such means as local zoning ordinances or acquisitions of property in fee title or aviation easements, letters of agreement, or other means. This determination in no way preempts or waives any ordinances, laws, or regulations of any government body or agency.

Please complete, sign, date, and return the enclosed Airport Master Record 5010 Form. Instructions for completing the form can be found online at <https://www.faa.gov> in AC 150/5200-35A, "Submitting the Airport Master Record in Order to Activate a New Airport". This action will ensure your heliport is activated.

In order to avoid placing any unfair restrictions on users of the navigable airspace, this determination is valid until 11/21/2022. Should the airport not be established and the Airport Master Record 5010-5 Form not returned by 06/21/2021, an extension of our determination should be requested in writing by 06/05/2021. Should you not elect to establish the airport, please notify the FAA in writing by 06/21/2021.

Be advised, in accordance with 14 CFR Part 157, any construction, alteration to, or abandonment of the subject heliport requires notice to the FAA for aeronautical review. Notice for these actions can be given using FAA Form 7480-1, "Notice for Construction, Alteration, and Deactivation of Airports", and returned to my attention.

If you have any questions concerning this determination or completion of the Airport Master Record form, please contact me at Jessica.L.Bryan@faa.gov or at (817) 222-4039.

Sincerely,

Jessica L. Bryan

ADO

Signature Control No: 477257274-481608021

Attachment: Airport Master Record 5010 Form



AIRPORT MASTER RECORD

> 1 ASSOC CITY: AUSTIN 4 STATE: TX LOC ID: FAA SITE NR:
> 2 AIRPORT NAME: DELL CHILDREN'S NORTH HOSPITAL 5 COUNTY: Williamson
> 3 CBD TO AIRPORT (NM): 14 N 6 REGION/ADO: ASW/ 7 SECT AERO CHT: SAN ANTONIO

<u>GENERAL</u>		<u>SERVICES</u>	<u>BASED AIRCRAFT</u>
10 OWNERSHIP:	PR	70 FUEL:	90 SINGLE ENG: 0
11 OWNER:	DEBORAH BROWN		91 MULTI ENG: 0
12 ADDRESS:	4900 MUELLER BLVD		92 JET: 0
	AUSTIN TX 78705		
13 PHONE NR:	512-342-1000		TOTAL: 0
14 MANAGER:	DEBORAH BROWN		93 HELICOPTERS: 1
15 ADDRESS:	DELL CHILDREN'S MED CTR CENTRAL		94 GLIDERS: 0
	TX 4900 MUELLER BLVD		
	AUSTIN TX 78723		95 MILITARY: 0
16 PHONE NR:	512-324-0186		96 ULTRA-LIGHT: 0
17 ATTENDANCE SCHEDULE:			

MONTHS DAYS HOURS

		<u>FACILITIES</u>
18 AIRPORT USE:	Private	> 80 ARPT BCN:
19 ARPT LAT:	30-29-07.6400N	> 81 ARPT LGT SKED:
20 ARPT LONG:	97-48-03.4000W	> 82 UNICOM: 0.0
21 ARPT ELEV:	934.5	83 WIND INDICATOR:
22 ACREAGE:	0	84 SEGMENTED CIRCLE:
> 23 RIGHT TRAFFIC:		85 CONTROL TWR: NO
24 NON-COMM LANDING:		86 FSS:
		87 FSS ON ARPT: NO
		88 FSS PHONE NR:
		89 TOLL FREE NR:

RUNWAY DATA

> 30 RUNWAY IDENT:	H1
> 31 LENGTH:	50
> 32 WIDTH:	50
> 33 SURF TYPE-COND:	CONC

LIGHTING/APCH AIDS

> 40 EDGE INTENSITY:
> 42 RWY MARK TYPE-COND:

OBSTRUCTION DATA

50 FAR 77 CATEGORY:
51 DISPLACED THR:
52 CTLG OBSTN:
53 OBSTN MARKED/LGTD:
54 HGT ABOVE RWY END:
55 DIST FROM RWY END:

(>) ARPT MGR PLEASE ADVISE FSS IN ITEM 86 WHEN CHANGES OCCUR TO ITEMS PRECEDED BY >

111 OWNER/MANAGER SIGNATURE 113 DATE:

Sign Recommendation

Existing

Sign Type:
Quantity:
Location:
Illumination:
Approx. Size:
H:
W:
OAH:
HOG:
Comment:

Recommended

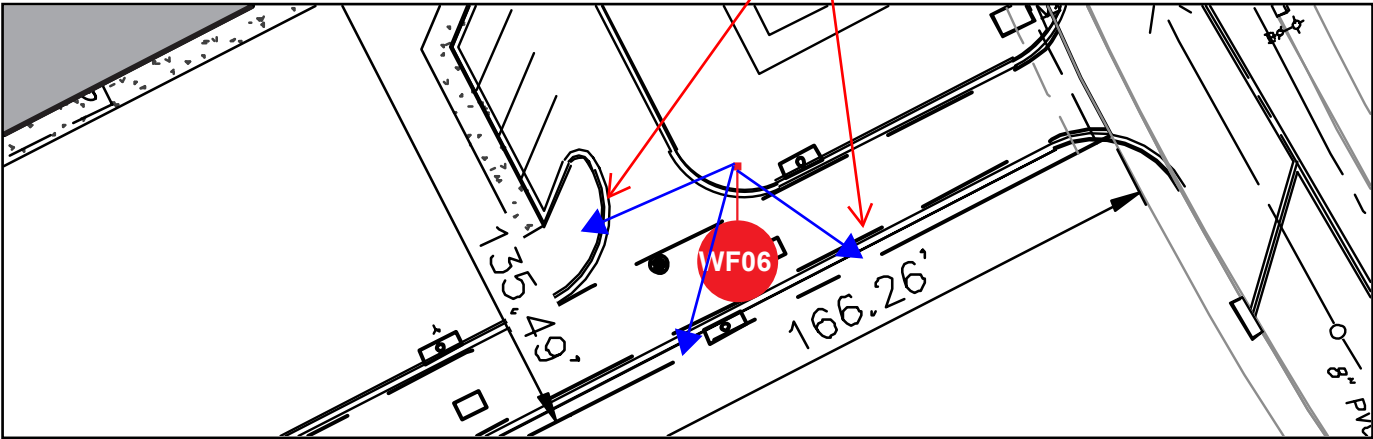
Action: New
Sign Type: Monument
Sign Code: ASC-MON-Custom
Quantity: 1
Attachment: Footing
Illumination: Internal
Approx. Size:
H: 6'-8"
W: 6'-6"
OAH: 8'-3"
Comment:

Technical Survey: Required
Code Compliant: Yes

WF06

9010 North Lake Creek Parkway

SIGN IS TOO TALL FOR ITS LOCATION IN THE APPROACH/ DEPARTURE SLOPE; MOVE ACROSS DRIVE SIGN TO BE RELOCATED



Location



Rendering



Recommended - Side A



Recommended - Side B



CLIENT
ASCENSION SETON HEALTHCARE FAMILY
1345 PHILOMENA ST
AUSTIN, TX 78723

ARCHITECT
HKS, INC.
350 N SAINT PAUL ST, SUITE 100
DALLAS, TX 75201-4240

INTERIOR DESIGN
HKS INC.
350 N SAINT PAUL ST, SUITE 100
DALLAS, TX 75201-4240

MEP ENGINEER
WSP USA
1601 S. MOPAC EXPY, SUITE D325
AUSTIN, TX 78746

COMMUNICATION CONSULTANT
WSP USA
1601 S. MOPAC EXPY, SUITE D325
AUSTIN, TX 78746

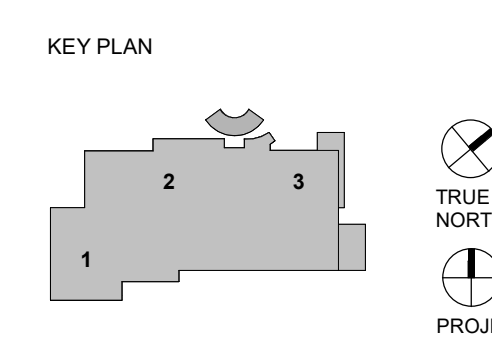
STRUCTURAL ENGINEER
HKS INC.
350 N SAINT PAUL ST, SUITE 100
DALLAS, TX 75201-4240

LANDSCAPE ARCHITECT
NUDGE DESIGN
2051 SOUTH LAMAR
AUSTIN, TX 78704

CIVIL CONSULTANT
GARZA EMC
9442 CAPITAL OF TEXAS HWY NORTH
AUSTIN, TX 78759

FOOD SERVICE CONSULTANT
SYSTEMS DESIGN INTERNATIONAL
3200 DTC PARKWAY, SUITE 500
GREENWOOD VILLAGE, CO 80111

SUSTAINABILITY CONSULTANT
CENTER FOR MAXIMUM POTENTIAL
BUILDING SYSTEMS
8604 F.M. 969
AUSTIN, TX 78724



REVISION	NO.	DESCRIPTION	DATE
1	PERMIT UPDATE ISSUE	03/12/2010	
2	ADDENDUM 02	05/05/2021	
3	ADDENDUM 07	10/22/2021	

HKS PROJECT NUMBER
23454.000

DATE
12/18/2020

ISSUE
ISSUE FOR PERMIT

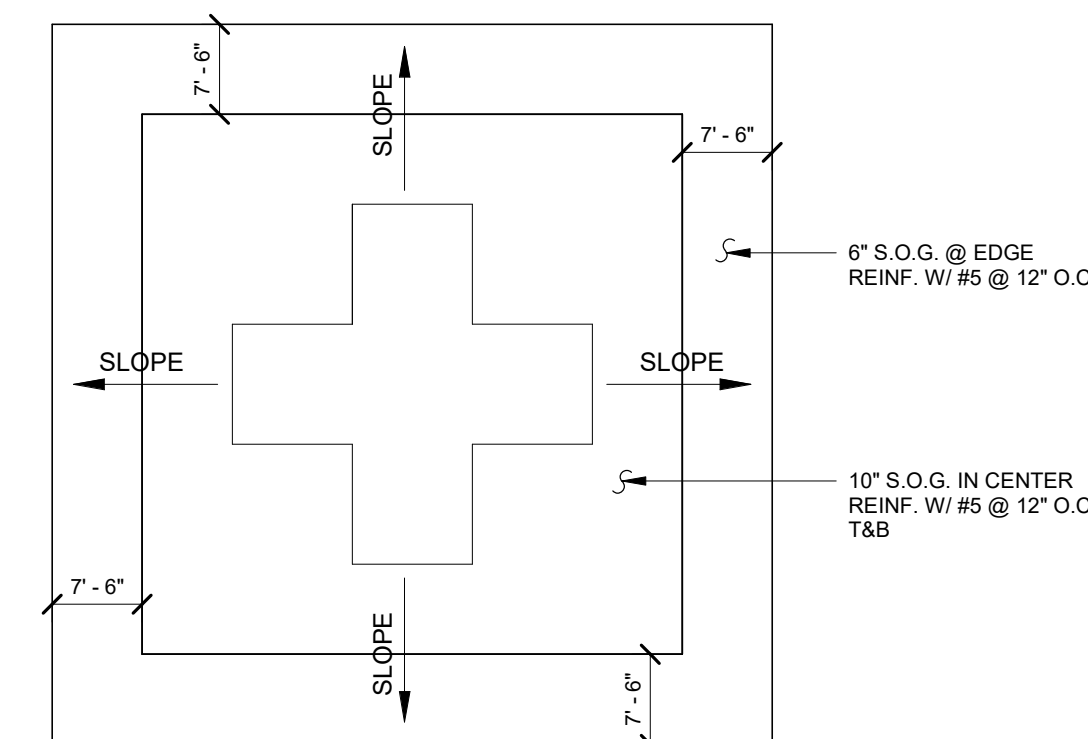
SHEET TITLE
FOUNDATION PLAN - AREA 1

SHEET NO.

S2.11

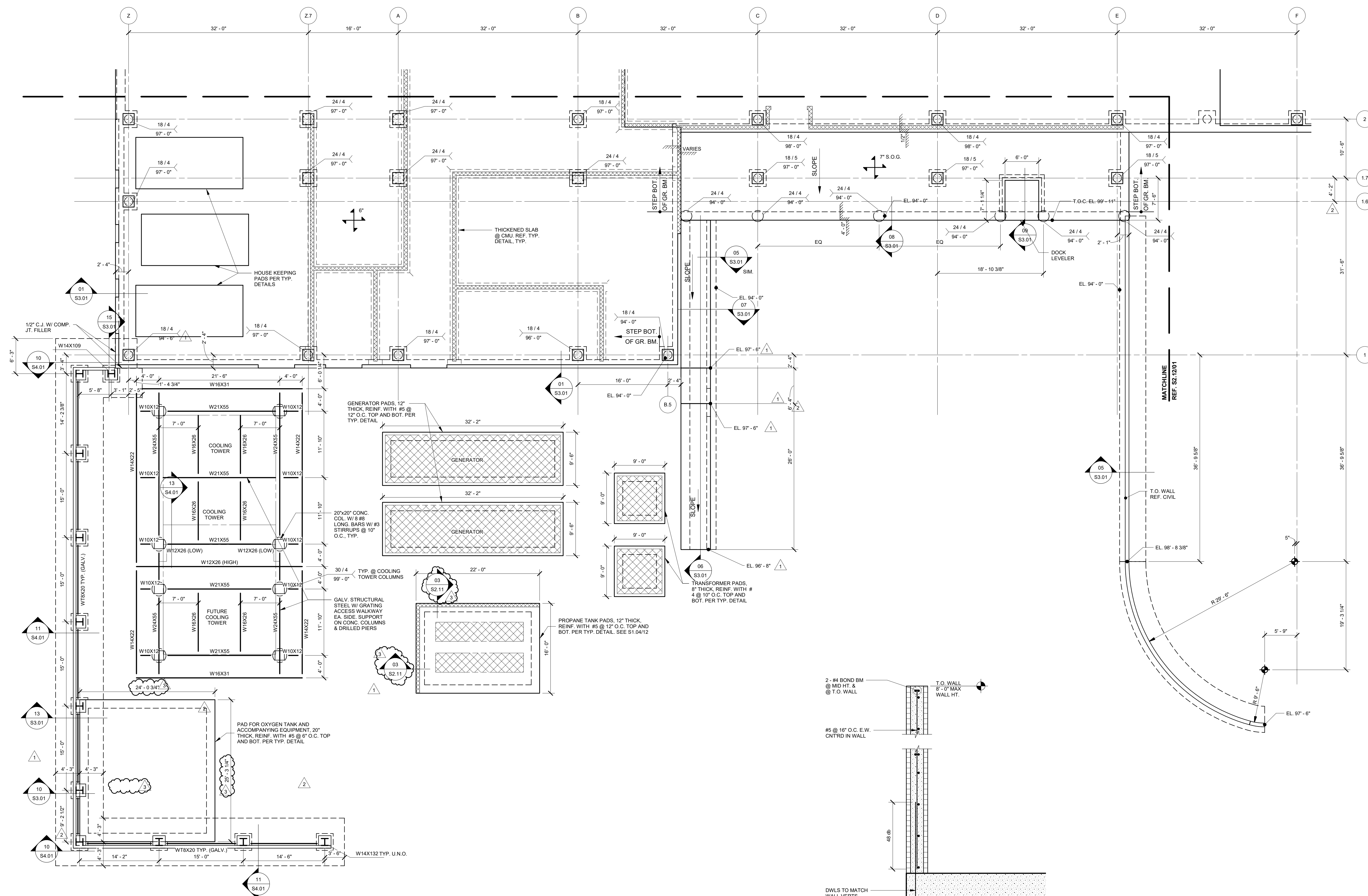
PLAN NOTES:

- SEE S1 SERIES FOR GENERAL NOTES, INSPECTION REQUIREMENTS, AND TYPICAL DETAILS.
- INDICATES SLAB ON GRADE SHALL BE 8" THICK REINFORCED W/ #4 @ 12" O.C. 444-W4.0xW4.0 W.W.F. OR FIBER REINFORCING.
- INDICATES SLAB ON GRADE SHALL BE 8" THICK REINFORCED W/ #4 @ 12" O.C. 444-W4.0xW4.0 W.W.F. OR FIBER REINFORCING.
- FINISH FLOOR = TOP OF SLAB, UNLESS SLAB IS RECESSED TO RECEIVE FLOORING MATERIALS. TOP OF SLAB ELEVATIONS AT RECESSED AREAS ARE NOTED ON PLAN.
- VERIFY ALL SLAB OPENING LOCATIONS AND DIMENSIONS, SLAB DEPRESSION LOCATIONS AND DIMENSIONS, SIZE AND LOCATIONS OF CURBS WITH THE ARCHITECTURAL DRAWINGS.



02 LEVEL 01 - HELIPAD

1/16" = 1'-0"



03 SECTION

3/4" = 1'-0"

01 FOUNDATION PLAN - AREA 1

1/8" = 1'-0" FINISH FLOOR EL. = 100'-00" = 936.5' M.S.L.

MEMORANDUM OF LIABILITY INSURANCE							Current as of: 7/1/2020	
INSURED ASCENSION HEALTH ALLIANCE and its subsidiaries 11775 BORMAN DRIVE ST. LOUIS, MO 63146			THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER FOR ITS INTERNAL USE, ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.					
							COMPANIES AFFORDING COVERAGE	
							NAIC#	
COMPANY A							Self-Insurance	
COMPANY B							Endurance Specialty Insurance, Ltd	
COMPANY C							ACE American Insurance Company	
COVERAGES								
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
CO. LETTER	TYPE OF INSURANCE	ADDL INSD	SUB WVD	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIMITS	
							LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	COMMERCIAL GENERAL LIABILITY ^		Y	Self-Insured	07/01/2020	07/01/2021	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR							
	<input checked="" type="checkbox"/> BLANKET CONTRACTUAL LIABILITY							
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY							
	<input checked="" type="checkbox"/> ALL OTHER PROFESSIONALS							
B	COMMERCIAL GENERAL LIABILITY	Y	Y	P010894011	07/01/2020	07/01/2021	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	GENERAL AGGREGATE APPLIES PER							
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc								
C	AUTOMOBILE LIABILITY	Y	Y	ISAH25298342	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT, BODILY INJURY and PROPERTY DAMAGE (Each accident) – AUTOS	\$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO			ISAH25298305-AMB	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT, BODILY INJURY and PROPERTY DAMAGE (Each accident) - AMBULANCES	\$5,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS							
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	SCFC66923617-WI	07/01/2020	07/01/2021	WORKERS COMPENSATION LIMITS	Statutory
	PARTNERS/ EXECUTIVE OFFICERS: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.			WLRC66923496*	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	\$5,000,000
				WLRC6692337A ^	07/01/2020	07/01/2021	E.L. DISEASE – EACH EMPLOYEE	\$5,000,000
					07/01/2020	07/01/2021	E.L. DISEASE – POLICY LIMIT	\$5,000,000
C	EXCESS WORKERS COMPENSATION (for qualified self-insureds)		Y	WCUC66923558	07/01/2020	07/01/2021	WORKERS COMPENSATION LIMITS	Statutory
							EMPLOYERS LIABILITY	\$5,000,000
ADDITIONAL INFORMATION								
THE FOLLOWING COVERAGE ENHANCEMENTS ARE PROVIDED, TO THE EXTENT REQUIRED BY THE TERMS OF OUR SIGNED CONTRACTS, LEASES, AND/OR AGREEMENTS: Additional Insured: The landlord, landlord's agent(s), landlord's lender(s), lesser(s), vendors, clients, and any other party are listed as additional insured only if required by a written contract between the Additional Insured and the Named Insured and only for the Additional Insured's liability arising out of another Insured's acts, errors or omissions or out of the Named Insured's operations or out of premises owned by or rented to the Named Insured, that are otherwise covered by this policy, and not for liability arising out of the Additional Insured's own acts, errors, or omissions or out of acts of parties other than other Insureds and only to the extent and for the amount of coverage required by the written contract or to the extent and for the limits of insurance provided by this policy, whichever is less. In no event shall inclusion of an Additional Insured operate to increase the Limits of Liability provided by this policy.								
Coverage is primary and non-contributory as required by contract on applicable policies shown above.								
A waiver of subrogation is included on the applicable policies shown above as required by contract.								
Except where otherwise required by law, all insureds share the limits of liability. ^ Self-Insured General Liability occurrence form applies in IN, WI *Applies to AZ, CA, MA ^ Applies to all other states								
The Memorandum serves solely to list insurance coverage/policies, limits and dates of coverage. Any modifications hereto are not authorized. Updated form can be found at https://ascension.org/insurance-and-risk-management For questions, contact Ascension at certrequest@ascension.org								

DATE: Continuous until end of applicable lease or agreement

FROM: Ascension, Ascension Health and its subsidiaries

SUBJECT: Request for self-insurance information for liability for the duration of the signed lease and/or agreement term.

This letter is being provided in lieu of a certificate of insurance for the self-insured's risks.

Ascension, Ascension Health and its subsidiaries maintain a comprehensive program of insurance and self-insurance to protect our company interests as required by the terms of our signed leases and/or agreements with vendors, clients, landlords, landlord agent(s), landlord lender(s), ground lessor(s), and other parties with whom we may contract. Our signed leases and/or agreements allow us the option to self-insure the risk of loss for liability and we have chosen to take that option.

Coverage's for all liability exposures are outlined in the signed lease and/or agreement and we are obligated to provide such coverage per the terms outlined in the signed lease and/or agreement. The liability self-insurance provided by Ascension is the same as that which can be purchased in the standard commercial insurance marketplace.

Ascension vendors, clients, landlords, landlords' agent(s), landlords' lender(s), ground lessor(s), and any other party, who requires it, per the terms of a signed lease and/or agreement, are listed as Additional Insured and when applicable, Loss Payee, as their interests may apply. A waiver of subrogation also applies, if so agreed in the contract and as applicable in certain policies.

Ascension no longer issues individualized Certificates of Coverage or Memorandums of Insurance as these customized documents will not strengthen the coverage. The existence of the signed lease and/or agreement triggers protection under our insurance and self-insurance programs. Please accept this letter as evidence of insurance and apply it to all Ascension commitments with similar terms.

Please forward this letter to any party that may require the information as part of a signed lease and/or agreement with Ascension.

Sincerely,

Ascension
Risk Management Department

INSURED

ASCENSION HEALTH ALLIANCE and its subsidiaries
 11775 Borman Drive
 St. Louis, MO 63146

SUBSIDIARIES:

Company	City	St./Prov
ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC.	DALLAS	TX
ASCENSION DEPAUL SERVICES	SAN ANTONIO	TX
ASCENSION DEPAUL SERVICES	SAN ANTONIO	TX
ASCENSION DEPAUL SERVICES	SAN ANTONIO	TX
ASCENSION DEPAUL SERVICES D/B/A EL CARMEN CENTER	SAN ANTONIO	TX
ASCENSION DEPAUL SERVICES D/B/A LA MISION FAMILY HEALTH CENTER	SAN ANTONIO	TX
ASCENSION DEPAUL SERVICES ST. PHILIP	SAN ANTONIO	TX
ASCENSION PROVIDENCE	WACO	TX
ASCENSION PROVIDENCE	WACO	TX
ASCENSION PROVIDENCE DBA ASCENSION PROVIDENCE DEPAUL CENTER	WACO	TX
ASCENSION PROVIDENCE DBA ASCENSION PROVIDENCE IMAGING	WACO	TX
ASCENSION SETON	AUSTIN	TX
ASCENSION SETON (DBA) SETON PFLUGERVILLE	AUSTIN	TX
ASCENSION SETON DBA ASCENSION SETON EDGAR B. DAVIS	LULING	TX
ASCENSION SETON DBA ASCENSION SETON HAYS	KYLE	TX
ASCENSION SETON DBA ASCENSION SETON HIGHLAND LAKES	BURNET	TX
ASCENSION SETON DBA ASCENSION SETON MEDICAL CENTER AUSTIN	AUSTIN	TX
ASCENSION SETON DBA ASCENSION SETON NORTHWEST	AUSTIN	TX
ASCENSION SETON DBA ASCENSION SETON SHOAL CREEK	AUSTIN	TX
ASCENSION SETON DBA ASCENSION SETON SMITHVILLE	SMITHVILLE	TX
ASCENSION SETON DBA ASCENSION SETON SOUTHWEST	AUSTIN	TX
ASCENSION SETON DBA ASCENSION SETON WILLIAMSON	ROUND ROCK	TX
ASCENSION SETON dba ASCENSION SETON BASTROP	BASTROP	TX
ASCENSION SETON DBA BRACKENRIDGE PROFESSIONAL BUILDING	AUSTIN	TX
ASCENSION SETON DBA DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS	AUSTIN	TX
ASCENSION SETON DBA DELL SETON MEDICAL CENTER AUSTIN AT THE UNIVERSITY OF TEXAS	AUSTIN	TX
ASCENSION SETON DBA EXTERNAL AFFAIRS	AUSTIN	TX
ASCENSION SETON DBA SETON COMMUNITY HEALTH CLINICS	AUSTIN	TX
ASCENSION SETON DBA SETON NORTHWEST HEALTH PLAZA	AUSTIN	TX
ASCENSION SETON DBA SETON POB	AUSTIN	TX
ASCENSION SETON DBA SETON SENIOR CENTER AT LAKEWAY	AUSTIN	TX
ASCENSION SETON DBA SETON SUPPORT SERVICES	AUSTIN	TX
ASCENSION SETON DBA THE CLINICAL EDUCATION CENTER AT BRACKENRIDGE	AUSTIN	TX
ASCENSION TEXAS DBA SETON HEALTHCARE FAMILY	AUSTIN	TX
AUSTIN ACADEMIC MEDICINE ASSOCIATES (DBA)	AUSTIN	TX
BLUE LADIES MINERALS, INC	AUSTIN	TX
CARE4TEXANS, LLC	WACO	TX
CMC FOUNDATION OF CENTAL TEXAS (AKA) DELL CHILDREN'S MEDICAL CENTER FOUNDATION	AUSTIN	TX
DELL CHILDRENS HEALTH ALLIANCE	AUSTIN	TX
DELL CHILDRENS MEDICAL GROUP	AUSTIN	TX
FICKETT HEALTH LEGACY, INC.	AUSTIN	TX
HEALTH ALLIANCE FOR AUSTIN MUSICIANS	AUSTIN	TX
HEALTHCARE COLLABORATIVE	AUSTIN	TX
PROVIDENCE FOUNDATION, INC.	WACO	TX
PROVIDENCE HEALTH ALLIANCE	WACO	TX
PROVIDENCE PARK, INC. DBA PROVIDENCE VILLAGE	WACO	TX
SETON ACCOUNTABLE CARE ORGANIZATION, INC	AUSTIN	TX
SETON CLINICAL ENTERPRISE CORPORATION	AUSTIN	TX
SETON FAMILY OF DOCTORS	AUSTIN	TX
SETON FAMILY OF PEDIATRIC SURGEONS (DBA) AUSTIN PEDIATRIC SURGERY	AUSTIN	TX
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	AUSTIN	TX
SETON HAYS FOUNDATION	AUSTIN	TX
SETON HEALTH ALLIANCE	AUSTIN	TX
SETON HEALTH PLAN, INC.	AUSTIN	TX
SETON HOSPITALIST SERVICES F/K/A ADULT INPATIENT MEDICAL SERVICES	AUSTIN	TX
SETON INSURANCE COMPANY	AUSTIN	TX
SETON INSURANCE SERVICES CORPORATION	AUSTIN	TX
SETON MEDICAL CENTER AUSTIN (DBA) THE BIG PINK BUS	AUSTIN	TX
SETON ORAL & MAXILLOFACIAL SURGERY	AUSTIN	TX
SETON PHYSICIAN HOSPITAL NETWORK	AUSTIN	TX
SETON WILLIAMSON FOUNDATION	ROUND ROCK	TX
SETON/UT AUSTIN DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	AUSTIN	TX
SETON/UT AUSTIN DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP DBA AUSTIN MEDICAL EDUCATION PROGRAM	AUSTIN	TX
TEXAS HEALTH INNOVATORS	AUSTIN	TX
THE SETON COVE	AUSTIN	TX
THE TOPFER BUILDING CONDOMINIUM ASSC	AUSTIN	TX
TRI-COUNTY CLINICAL D/B/A SETON MIND INSTITUTE	AUSTIN	TX
TWENTY-SIX DOORS, INC	AUSTIN	TX
WALLER CREEK HEALTHCARE	AUSTIN	TX

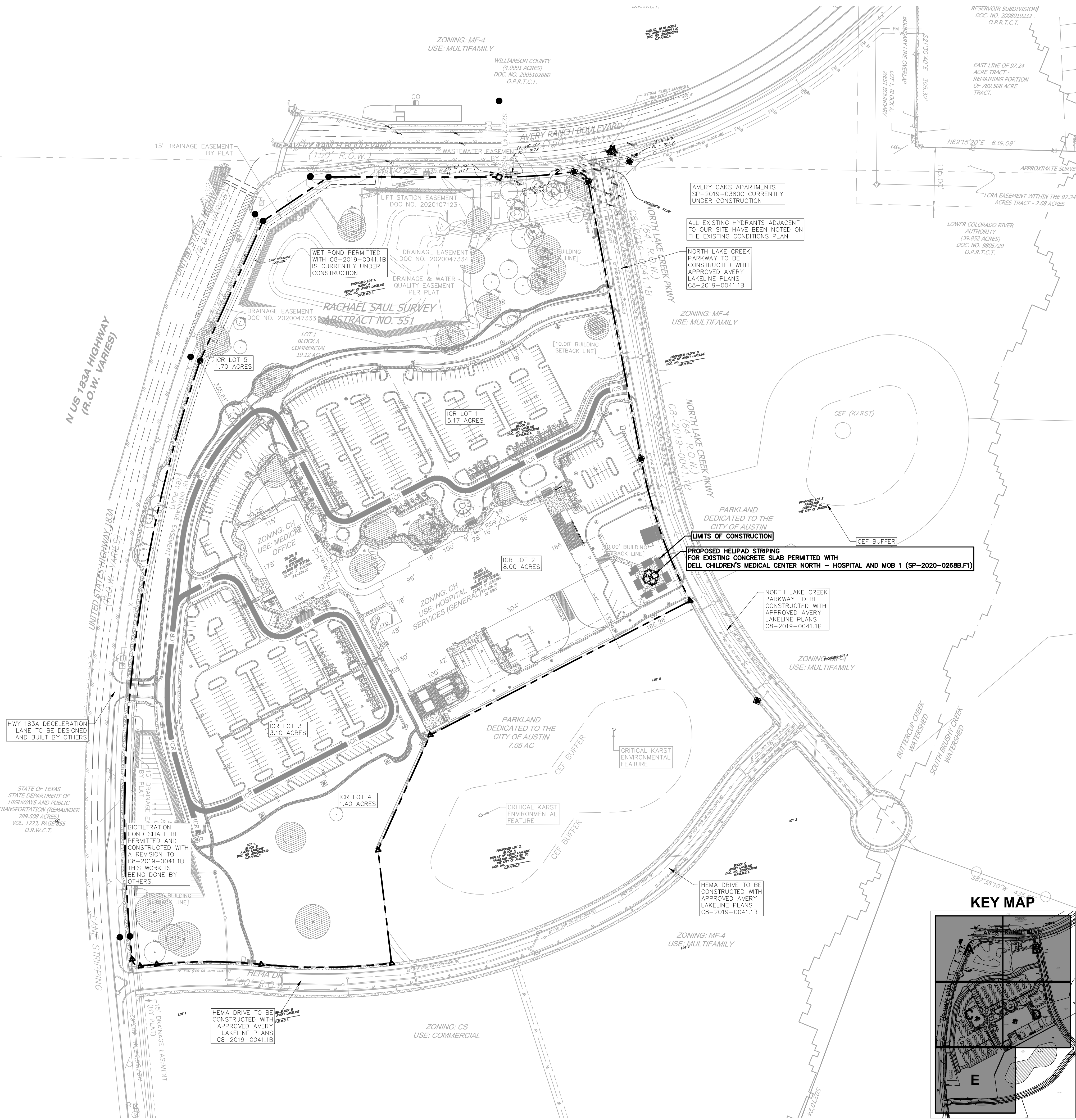
SITE INFORMATION	
SITE AREA	26.74 AC. (1,164,679 SF)
ZONING	CH - COMMERCIAL HIGHWAY SERVICES DISTRICT
GROSS FLOOR AREA	250,531 SF
ALLOWED FLOOR TO AREA RATIO	3:1
PROVIDED FLOOR TO AREA RATIO	0.20:1
ALLOWED IMPERVIOUS COVER BY ZONING	22.73 AC. (85.00%)
ALLOWED IMPERVIOUS COVER BY WATERSHED	17.38 AC. (85.00%)
PROVIDED IMPERVIOUS COVER	11.87 AC. (44.04%)
ALLOWED BUILDING COVERAGE	640,573 SF (85.00%)
PROVIDED BUILDING COVERAGE	91,940 SF (7.89%)
OPEN SPACE	148,239 SF (12.73%)

BUILDING #1 INFORMATION	
PROPOSED USE	HOSPITAL SERVICES (GENERAL)
NUMBER OF STORIES	4
BUILDING TYPE	IA
HEIGHT ALLOWED	120 FT
HEIGHT ACTUAL	58 FT
FOUNDATION TYPE	SLAB ON GRADE
SPRINKLERED	YES
BUILDING COVERAGE	70,440 SF
GROSS FLOOR AREA	186,885 SF
FINISH FLOOR ELEV.	936.5
AMENITIES	-
BEDS/ROOMS	36
STAFF	144

BUILDING #2 INFORMATION	
PROPOSED USE	MEDICAL OFFICE
NUMBER OF STORIES	3
BUILDING TYPE	IIB
HEIGHT ALLOWED	120 FT
HEIGHT ACTUAL	57.5 FT
FOUNDATION TYPE	SLAB ON GRADE
SPRINKLERED	YES
BUILDING COVERAGE	21,500 SF
GROSS FLOOR AREA	63,646 SF
FINISH FLOOR ELEV.	934.5
AMENITIES	-
STAFF	75

ICR LOT SIZES	
LOT 1	5.17 ACRES
LOT 2	8.00 ACRES
LOT 3	3.10 ACRES
LOT 4	1.40 ACRES
LOT 5	1.70 ACRES

LOTS EXCLUDE UNDISTURBED AREAS OUTSIDE OF LOC



EXISTING	PROPOSED	DESCRIPTION
0000	0000	PROPERTY LINE / R.O.W. LINE
0001	0001	RECORD INFORMATION
0002	0002	GROUND LIGHT
0003	0003	POWER POLE
0004	0004	DOWN GUY
0005	0005	WATER MANHOLE
0006	0006	WATER LINE MARKER
0007	0007	UNDERGROUND CABLE MARKER
0008	0008	UNDERGROUND GAS LINE MARKER
0009	0009	UNDERGROUND TELEPHONE MARKER
0010	0010	GAS RISER
0011	0011	TELEPHONE RISER
0012	0012	SPRINKLER CONTROL BOX
0013	0013	SWITCH GEAR & PAD
0014	0014	TRANSFORMER (SIZE VARIES)
0015	0015	FIRE HYDRANT
0016	0016	WATER VALVE
0017	0017	WATER METER
0018	0018	WATER METER VAULT (SIZE VARIES)
0019	0019	CABLE TV RISER
0020	0020	ELECTRIC BOX
0021	0021	ELECTRIC METER
0022	0022	GAS METER
0023	0023	GAS VALVE
0024	0024	TRAFFIC CONTROL BOX
0025	0025	TRAFFIC SIGNAL POST
0026	0026	GRATE INLET
0027	0027	CURB INLET (SIZE VARIES)
0028	0028	GREASE TRAP (SIZE VARIES)
0029	0029	ELECTRIC MANHOLE (SIZE VARIES)
0030	0030	WASTEWATER MANHOLE (SIZE VARIES)
0031	0031	STORMSEWER MANHOLE (SIZE VARIES)
0032	0032	TELEPHONE MANHOLE (SIZE VARIES)
0033	0033	WASTEWATER CLEANOUT
0034	0034	WIRE FENCE
0035	0035	WOOD FENCE
0036	0036	CHAIN LINK FENCE
0037	0037	DUMPSTER
0038	0038	CURB & GUTTER
0039	0039	EDGE OF PAVEMENT
0040	0040	FIRE LANE DESIGNATION
0041	0041	HANDICAP ACCESS ROUTE
0042	0042	CONCRETE SIDEWALKS
0043	0043	WALL
0044	0044	SIGN
0045	0045	WHEELSTOP
0046	0046	BOLLARD
0047	0047	FINISH FLOOR ELEVATION
0048	0048	PARKING COUNT (REGULAR SPACES)
0049	0049	PARKING COUNT (HANDICAP SPACES)
0050	0050	PARKING COUNT (PARALLEL SPACES)
0051	0051	HANDICAP SPACE
0052	0052	BIKE PARKING
0053	0053	BARRICADE
0054	0054	LIMITS OF CONSTRUCTION

- NOTES:
1. NO CONSTRUCTION MAY OCCUR WITH THIS CONDITIONAL USE PERMIT.
 2. CONDITIONAL USE PERMIT IS FOR THE HOSPITAL ONLY.
 3. NO BUILDINGS ARE LOCATED WITHIN 50' OF THE SITE.
 4. ALL IMPROVEMENTS WITH THE EXCEPTION OF DEMOLITION, TREE CLEARING, LAND CLEARING, AND MASS GRADING WILL BE CONSTRUCTED WITH THE B.F2 SITE PLAN APPLICATION.
 5. ALL PROPOSED CONSTRUCTION AND STANDARD DETAILS SHALL BE REVIEWED ACCORDING TO THE CITY OF AUSTIN CODE AND CRITERIA AT THE TIME OF CONSTRUCTION ELEMENT "B" SITE PLAN APPLICATION.

THE LOCATION OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE COMMENCING WORK. HE AGREES TO BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCASIONED BY HIS FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

FOR CITY USE ONLY:

SITE PLAN APPROVAL Sheet 2 of 16
FILE NUMBER: SPC-2021-0288A APPLICATION DATE: AUGUST 11, 2021
APPROVED BY COMMISSION ON: UNDER SECTION 142 OF CHAPTER 255 OF THE CITY OF AUSTIN CODE.
EXPIRATION DATE (25-5-81.LDC) CASE MANAGER:AWLA
PROJECT EXPIRATION DATE (ORD.#970905-A) DWPZ DDZ

Director, Development Services Department:
RELEASED FOR GENERAL COMPLIANCE: ZONING:CS-COMMERCIAL
Rev. 1 Correction 1
Rev. 2 Correction 2
Rev. 3 Correction 3

FINAL PLAT MUST BE RECORDED BY THE PROJECT EXPIRATION DATE, IF APPLICABLE. SUBSEQUENT SITE PLANS WHICH DO NOT COMPLY WITH THE CODE CURRENT AT THE TIME OF FILING, AND ALL REQUIRED BUILDING PERMITS AND/OR A NOTICE OF CONSTRUCTION (IF A BUILDING PERMIT IS NOT REQUIRED), MUST ALSO BE APPROVED PRIOR TO THE PROJECT EXPIRATION DATE.

7708 Rialto Blvd., Suite 125
Austin, Texas 78725
Tel: (512) 298-3284 Fax: (512) 298-2592
TBPE # F-14629
GarzaEMC, LLC © Copyright, 2021

REVISION

NO.	DATE
1	03/15/2022

MASTER SITE PLAN

GEMINI - HELIPAD STRIPING
9010 NORTH LAKE CREEK PKWY
ASCENSION SETON

DRAWN BY:
DESIGNED BY:
QA / QC:
PROJECT NO.: 101649-00013

SHEET
9
OF 16